



Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

Name of Candi		pent or received any campaign funds	Phone Number
Name of Candidate or Officeholder			
Patty Rich Street Address	Suite/Apartment/P0	O Box: City	(801)000000 State Zip
	·	•	•
2867 West 10		South Jordan	AL 8409
Office	District Number	County	Political Par
House	50	Salt Lake	Democrat
		of Report appropriate box)	
INTER	RIM REPORTS:	FINAL REPORT:	
R Se R Au	even days preceding Party Convention equired by all candidates) even days preceding Primary Election equired by all candidates) agust 31st equired by all candidates)	Final Report (Required by all cand officeholders as soor campaign accounts	didates and n as they close
☐ Se (R	even days preceding a General Election equired by all candidates) -END REPORT -nuary 10th of every year	Yes	an amendment?
	Report	Verification	
	Pa	tty Rich	
	affirm that I have received n	of Candidate o Contributions and incurred no rposes during this reporting period.	
	Pa	tty Rich	
	Signature	e of Candidate	-
	12/	30/2009	
		Date	
Lieute Utah S	To File this Form Mail or deliver to enant Governor's Office State Capitol, Suite 220 alke City, UT 84114-2325 (801) 538 - 1133	For Office Use	e Only

For More Information

Contact the Lieutenant Governor's Office (801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov

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	Date Received	